# Data Evaluation and Objective Assessment

Defining the State-of-the-Art in Biomedical Imaging Research Jackson MS, March 2003

### Hierarchy of Imaging Assessment

- Physical attributes and parameters
- Observer performance
- Diagnostic impact
- Therapeutic impact
- Health and cost outcomes
- Cost-effectiveness

### **Historical Perspective**

- Most imaging clinical research has been:
  - Anecdotes and case series, or at most observer performance
  - Single institutional studies
  - Retrospective
  - Focused on "accuracy"
  - Variable rigor

### **Historical Perspective**

- Imaging clinical research has been lacking in:
  - Pertinence
  - Validity
  - Reliability
  - Generalizability
- Often poor scientific basis for the use of imaging technology

### **Needs to Improve Research**

- Involvement of multiple clinical disciplines
- Involvement of methodologists
  - Engineers and physicists
  - Statisticians
  - Epidemiologists
  - Sociometricians
  - Clinical trialists
- Sufficient sample sizes
- Broad participation of imaging specialists and subjects in multi-center trials

### **Considerations for Research**

- Level of hierarchy addressed and endpoints - depend on:
  - Status and availability of technology
    - New and emerging
    - Established
  - Availability of methods and instruments
  - Practical considerations

### **Practical Considerations**

- Doing everything vs. having a successful trial
- Availability of:
  - Funds
  - Personnel
  - Technology
- Time to completion
  - Complexity of trial
  - Number of subjects
  - Dedication of PI and trial team
- Access to subjects
- Special Issues of imaging assessment

 Large number of technologies and iterations of technology

- Technologies being studied must be defined precisely
- Rigorous protocol requirements and quality control

 Measuring not just performance of technology but technology/human interaction

• Must define population of "readers"

Imaging event remote from outcome

- Choose the right endpoints
- Allow for sufficient sample size
- Consider time, cost, ability to accrue and follow subjects

Must accrue subjects "upstream" from imaging

Collaborate with other medical disciplines

- 1. Cultural change among radiologists
  - a. Education in critical thinking
  - b. Education in the value of research
  - c. Desire to participate in clinical research
    - especially multi-center clinical trials
  - d. Willingness to work across disciplines

#### 2. Funding for:

- a. Continuing research infrastructure
- b. Training of physicians
- c. Training of methodologists
- d. Involvement of broad base of "imagers"

- 3. New methods:
  - a. For all levels of the hierarchy
  - b. To improve efficiency of clinical trials
    - i. Surrogate endpoints
  - c. For modeling and simulation
    - i. Extrapolation from surrogate endpoints obtained from trials to health outcomes
    - ii. Inform further trials
    - iii. Reduced time and expense vs. trials

- 4. Integration of activity across the assessment hierarchy to:
  - Speed transition to clinical testing
  - Prepare for needed financing
  - Focus evaluation on critical elements
  - Improve rapidity of dissemination of valuable technologies

- 5. Interaction of all interested parties:
  - a. Funding agencies
  - b. Researchers
  - c. Industry
  - d. Payers
  - e. Regulatory agencies